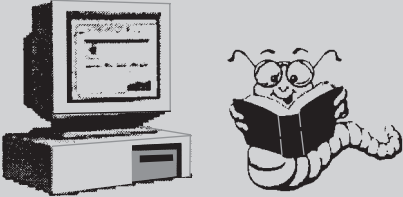


FORM **LCS-1**
(3-23-98)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTION AGENT FOR
U.S. DEPARTMENT OF EDUCATION
NATIONAL CENTER FOR EDUCATION STATISTICS

**LIBRARY
COOPERATIVES
SURVEY**

Fiscal Year 1997



NOTE – This survey is authorized by law under the National Center for Education Statistics' mission "to collect, analyze, and disseminate statistics and other data related to education in the United States..." (P.L. 103-382, National Education Statistics Act of 1994, Sec 404(a)). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.

Please correct any errors in the above name, address, and ZIP Code.

**DATE
DUE:**

MAY 15, 1998

**RETURN
TO:**

**U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
WASHINGTON, DC 20233-6800**
Attention: Library Cooperatives Survey (LCS)
Thelma Hall (PESB)

1. Name of respondent

2. Title of respondent

3. Telephone number *(Include area code)*

4. FAX number *(Include area code)*

5. E-mail address

6. WEB page address **http://**

7. Please complete the 1997 fiscal year information:

Enter the month and year of the **BEGINNING** of your 1997 fiscal year (i.e., report July 1996 as 07/96).

Month/Year

/

PURPOSE OF THE SURVEY

The National Center for Education Statistics (NCES) is collecting these data to construct a comprehensive body of statistics on the state of library and information services. Along with other surveys collecting data from public libraries, state library agencies, school library media centers, academic libraries, and Federal libraries, this survey will help fulfill the critical need for current data on the changing character of libraries and information services under the impetus of technological innovation and the resulting changes in responsibilities of information professionals and support staff.

USES OF DATA

Collection of these data over time will enable effective planning for the development and use of library and information center resources. The data will be used to support assessment of libraries and information centers by providing descriptive information and information on identified policy issues. The data are also needed to provide a basis for comparison and for trend analysis.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1850-0738. The time required to complete this information collection is estimated at an average of 1.5 hours, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection.

If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to:

U.S. Department of Education
Information Management Team
Washington, DC 20202-4652

If you have any comments or concerns regarding the status of your individual submission of the form, write directly to:

National Center for Education Statistics
Library Cooperatives Survey
U.S. Department of Education
555 New Jersey Avenue, NW
Washington, DC 20208-5652

WHO SHOULD RESPOND	
1. Are you a for-profit organization?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
2. Are the participants or members of your organization primarily libraries?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
3. Does your organization have its own:	
a. Budget?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Staff who are paid to do the work of the organization?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
4. Does your organization serve multiple institutions (e.g., libraries, school districts) that are not under your organization's administrative control?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
5. Does the scope of your organization's activities include support of library and information services by performing such functions as (but not limited to) resource sharing, training, planning, and advocacy?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<div><ul style="list-style-type: none">• If you answered "Yes" to QUESTION 1, please complete questions 2—5 to provide information useful in further refining definitions of library cooperatives. <u>Return</u> the form to the "RETURN TO" address shown on the front cover.• If you answered "No" to QUESTION 1, and "No" to any QUESTIONS 2—5, <u>return</u> the form to the "RETURN TO" address shown on the front cover.• If you answered "No" to QUESTION 1, and "Yes" to all QUESTIONS 2—5, <u>complete</u> this survey, and return the form to the "RETURN TO" address shown on the front cover.</div>	

Section I — ORGANIZATION INFORMATION	
6. Select one that best describes your organization:	1 <input type="checkbox"/> Unincorporated cooperative 2 <input type="checkbox"/> Not for profit/non-profit corporation 3 <input type="checkbox"/> Government/quasi-government 4 <input type="checkbox"/> Other - Specify <input type="checkbox"/> _____
7. Select one that best describes the geographic area served:	1 <input type="checkbox"/> National networks (all 50 states) 2 <input type="checkbox"/> Multi-state regional network 3 <input type="checkbox"/> Statewide network 4 <input type="checkbox"/> Intra-state regional network (i.e., geographic area within a state) 5 <input type="checkbox"/> Other - Specify <input type="checkbox"/> _____
8. Does your organization provide any services to the general public?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
9. Does your organization provide any services to non-member institutions?	1 <input type="checkbox"/> Yes — How many non-member institutions were served in FY 1997? _____ Number of non-member institutions 2 <input type="checkbox"/> No

Section II — MEMBERSHIP <i>(Report end of fiscal year 1997)</i>		
Report the number of administrative unit members and the number of outlet members for each type of institution listed below. <i>(Please respond to each item. If actual data are not known, provide your best estimate. Enter zero (0) in the number columns if the data are "None." Enter NA if data are "not applicable" or "not available.")</i>	NUMBER	
	Administrative units (1)	Outlets (2)
NOTE: Members are administrative units and/or outlets who have a formal agreement between the cooperative and the institution.		
10. Public library administrative units		
11. School districts/private schools/state schools (grades K—12)		
12. Academic libraries (e.g., colleges and universities, technical schools, medical schools)		
13. Special libraries <i>(add any types of special libraries not included elsewhere in "All other"—Item e below):</i>		
a. Corporate		
b. Government		
c. Medical		
d. Law		
e. All other - Specify types <input type="checkbox"/>		
14. TOTAL MEMBERSHIP - Sum of lines 10—13(a—e)		

Section III — FINANCIAL DATA (Report fiscal year 1997)	
Report annual figures for fiscal year 1997 in whole dollars. If actual data are not known, please provide estimates.	
▶ Part A. TOTAL OPERATING INCOME (BY SOURCE)	
Report income used for operating expenditures of your organization. (DO NOT include income for major capital expenditures, contributions to endowments, income passed through to another agency, or funds unspent in the previous fiscal year.)	
(Please respond to each item. If actual data are not known, provide your best estimate. Enter zero (0) in the number column if the data are "None." Enter NA if data are "not applicable" or "not available.")	Income used for operating expenditures (Whole dollars)
15. Membership fees (regardless if public or private entity pays the fee)	\$
16. Local government appropriations/grants	\$
17. State government appropriations/grants	\$
18. Federal government appropriations/grants	\$
19. Endowments/private grants	\$
20. Other sources (e.g., fees for products/services, contracts, interest)	\$
21. TOTAL OPERATING INCOME - Sum of lines 15—20	\$
▶ Part B. TOTAL OPERATING EXPENDITURES	
Report current and recurrent costs necessary to support operations and the provision of services.	
(Please respond to each item. If actual data are not known, provide your best estimate. Enter zero (0) in the number column if the data are "None." Enter NA if data are "not applicable" or "not available.")	Operating expenditures (Whole dollars)
22. Staff expenditures:	
a. Salaries and wages	\$
b. Employee benefits	\$
c. Total staff expenditures - Sum of lines 22a—b	\$
23. Procurement of products and services	\$
24. Administrative support (e.g., rent, phone)	\$
25. Other operating expenditures (DO NOT include capital expenditures)	\$
26. TOTAL OPERATING EXPENDITURES - Sum of lines 22c, 23—25	\$
27. What percentage of total operating expenditures (line 26) was spent for digital products, services, or access (include telecommunications)?	Percent
	%
▶ Part C. CAPITAL EXPENDITURES	
Capital expenditures include nonrecurring expenditures for the acquisition of and/or addition to fixed assets. Local accounting practices shall determine whether a specific item is a capital expense or an operating expense regardless of the examples in the definition. (DO NOT include capital expenditures in line 25.)	
28. Did your organization have any capital expenditures in fiscal year 1997?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

Section IV — STAFF (Report end of fiscal year 1997)	
<p>Report the number of full-time equivalent (FTE) staff in your organization. This is not a headcount of the organization's employees. Include all positions funded in your organization's budget whether those positions are currently filled or not. To ensure comparable data, 40 hours per week has been set as the measure of full-time employment. <i>(Report data to two decimal places.)</i></p> <p>Example for calculating FTE: An organization with four budgeted positions (one full-time position, two part-time positions of 30 hours per week each, and one part-time position of 10 hours per week) has a full-time equivalent of 2.75 FTE. [(40 + 30 + 30 + 10) = 110/40 = 2.75]</p>	
29. How many FTE paid staff does your organization have?	Number of FTE
	.

Section V — LIBRARY SERVICES AND ACTIVITIES (Report end of fiscal year 1997)	
<p>Does your organization provide the following services? If yes, please provide data for the entire fiscal year as requested. If the exact amount is not available, provide an annual estimate based on a "typical week" <i>(see the Instructions and Definitions, Form LCS-1(l) for more detail)</i>. Respond to each item.</p>	
30. Reference services	<div>1 <input type="checkbox"/> Yes — How many reference transactions in FY 1997? <input type="text"/> Number of transactions</div> <div>2 <input type="checkbox"/> No</div>
31. Interlibrary loan referral services (electronic or non-electronic)	<div>1 <input type="checkbox"/> Yes — How many loans/referrals in FY 1997? <input type="text"/> Number of loans/referrals</div> <div>2 <input type="checkbox"/> No</div>
32. Library collections	<div>1 <input type="checkbox"/> Yes — How many physical units in FY 1997? <input type="text"/> Number of physical units</div> <div>2 <input type="checkbox"/> No</div>
33. Training/instruction/continuing education (DO NOT include distance learning.)	<div>1 <input type="checkbox"/> Yes — How many staff hours (class and preparation) in FY 1997? <input type="text"/> Number of staff hours</div> <div>2 <input type="checkbox"/> No</div>
34. Consulting/planning/evaluation services	<div>1 <input type="checkbox"/> Yes — How many staff hours in FY 1997? <input type="text"/> Number of staff hours</div> <div>2 <input type="checkbox"/> No</div>
35. Internet access and services (e.g., web pages, listservs)	<div>1 <input type="checkbox"/> Yes — How many hits on YOUR web page in FY 1997? <input type="text"/> Number of hits on your web page</div> <div>2 <input type="checkbox"/> No</div>
36. Collection of library statistics	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
37. Preservation/conservation services	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
38. Union list development	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>
39. Public relations/promotion campaigns	<div>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</div>

Section V — LIBRARY SERVICES AND ACTIVITIES — <i>Continued</i>	
40. Cooperative purchasing of library materials and/or hardware/software	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
41. Physical delivery of materials (e.g., mail, UPS, FedEx, courier service)	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
42. Electronic network planning or monitoring	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
43. Electronic network operation	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
44. Electronic interlibrary loan services (ILL) [e.g., OCLC Group Access Capability (GAC), RLIN, RSS, DOCLINE]	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
45. Access to electronic services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
46. Full text or data files database development	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
47. Bibliographic database development	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
48. Retrospective conversion of bibliographic records	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
49. Remote/shared storage	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
50. Advocacy	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
51. Programs for:	
a. Literacy	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Distance learning	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Summer reading/reading promotion for children	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Disabled	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Institutional population	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Outreach services	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Adults	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Other	1 <input type="checkbox"/> Yes – <i>Specify</i> <input type="checkbox"/> 2 <input type="checkbox"/> No _____ _____ _____
52. Are there other services and activities provided which are not listed in lines 30—51?	1 <input type="checkbox"/> Yes – <i>Specify</i> <input type="checkbox"/> 2 <input type="checkbox"/> No _____ _____ _____

Section V — LIBRARY SERVICES AND ACTIVITIES — Continued

53. In your opinion, WHAT ARE the five most significant services/activities provided by your organization of the services/activities marked in lines 30-52 for fiscal year 1997?

Enter the line numbers.

FY 1997

a. Line number _____

b. Line number _____

c. Line number _____

d. Line number _____

e. Line number _____

54. In your opinion, WHAT WILL be the five most significant services/activities provided by your organization of the services/activities marked in lines 30-52 for fiscal year 2000?

Enter the line numbers.

FY 2000

a. Line number _____

b. Line number _____

c. Line number _____

d. Line number _____

e. Line number _____

55. What one service/activity in lines 30-52 is your organization not performing that you see as a potentially important service/activity in fiscal year 2000?

Enter the line number or specify other service/activity.

FY 2000

a. Line number _____

b. Other – *Specify*

REMARKS — Use this space for any additional remarks or comments

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.